

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90090 045 \*\*\*\*50.00

DOCUMENT # L99000008105

1. Entity Name

E-Tech, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4040 Woodcock Drive

Suite, Apt. #, etc.

Suite 230

3. Mailing Address

P O Box 23062

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

593609392

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32241-3062

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Mark Patrick

Street Address (P.O. Box Number is Not Acceptable)

4040 Woodcock Drive, Suite 230

City

Jax, FL

FL

Zip Code

32207

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME D-Tech Enterprises, Inc  
STREET ADDRESS 12078 Cranefoot Drive  
CITY-ST-ZIP Jax, FL 32223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  
NAME M-Tech Enterprises, Inc  
STREET ADDRESS 1204 Mundy Dr  
CITY-ST-ZIP JAX, FL 32207

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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mareesa M Flood Mareesa M Flood 3/29/02 (904) 448-0420

CR2E083B (12/01)